

2021 OCCUPATIONAL TAX RETURN**BUSINESS LICENSE****CITY OF ALMA, P.O. BOX 429****ALMA, GEORGIA 31510****NAME OF BUSINESS:** _____**LOCATION OF BUSINESS:** _____**MAILING ADDRESS:** _____**CHECK ONE:** () CORPORATION () PARTNERSHIP () INDIVIDUAL OWNER**NAME OF OWNERS:** _____**DOMINANT LINE OF BUSINESS:** _____**DATE BUSINESS BEGAN:** _____**PHONE NUMBERS (H)** _____ **(W)** _____

I hereby certify that the gross receipts range bracket checked below is the correct bracket that includes the full and true amount of the gross sales, receipts, premiums, commissions or other forms of measurable returns from the trade, business, or profession during the year 2019 except sales and excise tax.

If you wish to use the Number of Employee Method explained in paragraph 6 on the instruction sheet, please enter the number of full-time employees or equivalent.

Number of Employees or equivalent: _____

**PLEASE CHECK PROPER BRACKET BELOW FOR GROSS RECEIPTS METHOD:
AT LEAST**

\$ -0-	-	\$ 5,000 ()	\$1,250,000 -	\$1,500,000 ()
5,000	-	25,000 ()	1,500,000 -	1,750,000 ()
25,000	-	50,000 ()	1,750,000 -	2,000,000 ()
50,000	-	75,000 ()	2,000,000 -	3,000,000 ()
75,000	-	100,000 ()	3,000,000 -	4,000,000 ()
100,000	-	150,000 ()	4,000,000 -	5,000,000 ()
150,000	-	200,000 ()	5,000,000 -	6,000,000 ()
200,000	-	250,000 ()	6,000,000 -	7,000,000 ()
250,000	-	500,000 ()	7,000,000 -	8,000,000 ()
500,000	-	750,000 ()	8,000,000 -	9,000,000 ()
750,000	-	1,000,000 ()	9,000,000 -	10,000,000 ()
1,000,000	-	1,250,000 ()	10,000,000 -	15,000,000 ()

ADDITIONAL PROJECT FROM ABOVE

TAX I.D. NO: _____ **GA. DEPT. OF LABOR**
_____ **GA. DEPT. OF REVENUE**
_____ **FEDERAL EMPLOYER**

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

SIGNED: _____ **TITLE:** _____ **DATE:** _____**FOR CITY USE ONLY****Classification of Business:** _____**Correct Range Bracket:** _____**2020 Occupational License Tax (Est.):** _____**Date Billed:** _____ **Date Paid:** _____**License No:** _____ **Receipt No:** _____

Private Employer Affidavit Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate or other document required to operate a business] as
referenced in O.C.G.A 36-60-6(d), from _____ [name of county or
municipal corporation], the undersigned applicant representing the private employer known as
_____ [printed name of private employer] verifies one of the
following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.

- a) _____ On January 1st of the below signed year the individual, firm, or corporation
employed five hundred (500) or more employees.
- b) _____ On January 1st of the below signed year the individual, firm, or corporation
employed less than five hundred (500) employees.

2. Fill out this section between July 2012 and June 30, 2013.

- a) _____ On January 1st of the below signed year the individual, firm, or corporation
employed one hundred (100) employees.
- b) _____ On January 1st of the below signed year the individual, firm, or corporation
employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- a) _____ On January 1st of the below signed year the individual, firm, or corporation
employed more than ten (10) employees.
- b) _____ On January 1st of the below signed year the individual, firm, or corporation
employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

**4. The employer has registered with and utilizes the federal work authorization program in
accordance with the applicable provisions and deadlines established in O.C.G.A. 36-60-
6(a). The undersigned private employer also attests that it's federal work authorization
user identification number and date of authorization are as listed below:**

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully
makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a
violation of O.C.G.A 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 201____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

City of Alma Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an application for a City of ALMA, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of ALMA, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

* Alien Registration number for non-citizens

*Please have notarized before returning.

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20 ____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

*Note: O.C.G.A Section 50-36-1 (e) (2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number my supply another identifying number below:
